

ATTACHMENTS

ATTACHMENTS

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**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL**

MANDATORY INTENT TO APPLY

REQUEST FOR PROPOSALS

FOR

CalWORKs SUBSTANCE ABUSE TREATMENT PROGRAM

This is to provide notification of our intention to submit a proposal(s) in response to the Los Angeles County Substance Abuse Prevention and Control's Request for Proposals for CalWORKs Substance Abuse Treatment Program issued on September 7, 2010.

Name:

Title:

Agency:

Address:

Phone:

Fax:

E-mail Address:

Other agencies in consortium:

**THIS FORM MUST BE RECEIVED BY SAPC NO LATER THAN 4:30 PM ON
OCTOBER 25, 2010. IT MAY BE MAILED TO THE ADDRESS BELOW OR SENT BY FAX
TO (626) 299-7226.**

Mr. Gary Izumi
Director, Contract Development and Processing Division
Substance Abuse Prevention and Control
3rd Floor, Building A-9 East
1000 S. Fremont Ave.,
Alhambra, California 91803

PROPOSAL FACE SHEET
REQUEST FOR PROPOSALS
FOR
CalWORKs SUBSTANCE ABUSE TREATMENT PROGRAM

Name of Agency Submitting Proposal: _____

Address (Main Office): _____

City, Zip Code: _____

Telephone: () _____

Fax: () _____

Indicate if new non-SAPC contracted agency or current SAPC contracted treatment provider	<input type="checkbox"/> New	<input type="checkbox"/> Current	
If current provider, indicate if treatment service is new or an expansion of current program services	<input type="checkbox"/> New	<input type="checkbox"/> Expansion	
Specific Geographic Area/ Location of site(s) for: <ul style="list-style-type: none"> • Outpatient Counseling • Day Care Habilitative • Residential Treatment • Residential Medical Detoxification 	<u>Location</u>	<u>SPA¹</u>	<u>SD²</u>

Specific Populations Targeted: _____

Total Amount of Funding Requested: _____

Name of Executive Director: _____

 SIGNATURE OF EXECUTIVE DIRECTOR

 DATE

¹ Service Planning Area (visit <http://publichealth.lacounty.gov/spa/spamap.htm> for your facility's SPA location)

² Supervisorial District (visit <http://planning.lacounty.gov/> for your facility's SD location)

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM
RFP # SAPC-2010-01**

MINIMUM MANDATORY REQUIREMENTS TO PARTICIPATE

Proposers must demonstrate their ability to meet **each** of the Minimum Mandatory Requirements to Participate, in order for their proposals to be evaluated, as outlined in RFP Section IX. Proposers must indicate this ability by checking the appropriate box to respond to each question, and must submit the completed form to SAPC as part of the proposal. Responses may be verified by SAPC as part of the Pass/Fail qualifying review. A proposal with even one "No" response will automatically obtain a score of FAIL, will be deemed unresponsive to the RFP, and will be disqualified from further evaluation.

PROPOSER: _____

Minimum Mandatory RFP Requirement		Yes	No
1.	<p>Are the Proposer and/or all consortium member agencies tax-exempt, public or incorporated private non-profit organizations (registered with the State of California) or agencies of a municipal government?</p> <p>If yes, please specify the section, page number, and paragraph in the proposal where this information, to include the name and status of each agency, can be found.</p>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<p>Are the Proposer/all consortium member agencies prepared to provide and/or coordinate the provision of residential medical detoxification services, residential treatment services, day care habilitative treatment services, and outpatient counseling services either directly or as part of a consortium?</p> <p>If yes, please specify the section, page number, and paragraph in the proposal where this information can be found.</p>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Do the Proposer/all the consortium member agencies have demonstrated expertise and at least four (4) years experience in providing residential medical detoxification, residential treatment services, day care habilitative treatment services, and/or outpatient counseling services for CalWORKs WtW participants?</p> <p>If yes, please specify the section, page number, and paragraph in the proposal where this information, to include dates of experience, type of experience, and how the experience was gained (e.g., providing services directly to clients, under contract, etc.), can be found.</p>	<input type="checkbox"/>	<input type="checkbox"/>

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM
RFP # SAPC-2010-01**

MINIMUM MANDATORY REQUIREMENTS TO PARTICIPATE

PROPOSER: _____

Minimum Mandatory RFP Requirement		Yes	No
4.	<p>Is the Proposer/ concerned consortium member agency(ies) currently certified by the California Department of Alcohol and Drug Programs (ADP) to provide day care habilitative services, outpatient treatment services, residential medical detoxification services and/or residential treatment services?</p> <p>If yes, please specify the section, page number, and paragraph in the proposal where this information, to include details of the appropriate certifications, can be found.</p>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<p>Is the Proposer/consortium member agency(ies) that will provide residential medical detoxification services, providing these services within a facility licensed and approved by the ADP in accordance with Federal and State standards for such facilities?</p> <p>If yes, please specify the section, page number, and paragraph in the proposal where this information, to include details of the appropriate licenses, can be found.</p>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<p>Does the Proposer/ do all consortium member agencies maintain and conduct business from offices located within the geographical boundaries of Los Angeles County?</p> <p>If yes, please specify the section, page number, and paragraph in the proposal where this information, to include complete office addresses, can be found.</p>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<p>Does the Proposer/consortium member agency(ies) that provide outpatient services, have office sites that remain operational at least five days a week during normal business hours?</p> <p>If yes, please specify the section, page number, and paragraph in the proposal where this information, to include site addresses and operating days and hours of the sites, can be found.</p>	<input type="checkbox"/>	<input type="checkbox"/>

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM
RFP # SAPC-2010-01**

MINIMUM MANDATORY REQUIREMENTS TO PARTICIPATE

PROPOSER: _____

Minimum Mandatory RFP Requirement		Yes	No
8.	<p>Are the facilities of the Proposer/consortium member agency(ies) that provide residential treatment services and residential medical detoxification services, operational seven (7) days a week, twenty-four (24) hours a day?</p> <p>If yes, please specify the section, page number, and paragraph in the proposal where this information, to include facility addresses, can be found.</p>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<p>Will the Day Care Habilitative services to be provided by the Proposer/consortium, be made available a minimum of six (6) hours a day, six (6) days a week?</p> <p>If yes, please specify the section, page number, and paragraph in the proposal where this information can be found.</p>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<p>Does the Proposer/all consortium member agencies certify that all their existing County contracts are in good standing and that these contracts comply with applicable laws and specific contract requirements?</p> <p>If yes, please specify the section, page number, and paragraph in the proposal where this information can be found.</p>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<p>Will the Proposer/all consortium member agencies be able to begin providing services within thirty (30) days of the contract award?</p> <p>If yes, please specify the section, page number, and paragraph in the proposal where this information can be found.</p>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<p>Has the Proposer submitted as attachments to its Proposal, <u>all</u> of the following required forms? A consortium must submit all these forms <u>for each</u> member agency.</p> <p>If yes, please indicate the section/part of the proposal where these forms can be found.</p> <p>a. Proposer's Organization Questionnaire/ Affidavit</p>	<input type="checkbox"/>	<input type="checkbox"/>

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM
RFP # SAPC-2010-01**

MINIMUM MANDATORY REQUIREMENTS TO PARTICIPATE

PROPOSER: _____

Minimum Mandatory RFP Requirement	Yes	No
b. Summary of Licenses and Certificates		
c. Certification of No Conflict of Interest		
d. Prospective Contractor List of Contracts		
e. Prospective Contractor List of References		
f. Prospective Contractor List of Terminated Contracts		
g. Familiarity with the County Lobbyist Ordinance Certificate		
h. Attestation of Willingness to Consider GAIN/GROW Participants		
i. Contractor Employee Jury Service Program Certification Form & Application for Exception		
j. Charitable Contributions Certification		
k. Certification of Compliance with the County's Defaulted Property Tax Reduction Program		
l. Federally Funded Health Care Program Affidavit		
m. Acceptance of Terms and Conditions		
n. HIPAA Certification Form		
o. Proposer's Indemnification and Insurance		

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

**TRANSMITTAL FORM TO REQUEST
A SOLICITATION REQUIREMENTS REVIEW**

A Solicitation Requirements Review must be received by the County
within 10 business days of issuance of the RFP.

Proposer Name:	Date of Request:
Project Title:	Project No.

A **Solicitation Requirements Review** is being requested because the Proposer asserts that they are being unfairly disadvantaged for the following reason(s): *(check all that apply)*

- ☐ Application of **Minimum Requirements**
- ☐ Application of **Evaluation Criteria**
- ☐ Application of **Business Requirements**
- ☐ Due to **unclear instructions**, the process may result in the County not receiving the best possible responses

The Proposer understands that this request must be received by the County within **10 business days** of issuance of the RFP.

For each area contested, following are the factual reasons for the requested review.
(Attach additional pages and supporting documentation as necessary.)

Request submitted by:

(Name)

(Title)

For County use only

Date Transmittal Received by County: _____ Date Solicitation Released: _____

Reviewed by: _____

Results of Review - Comments: _____

Date Response sent to Proposer: _____

CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM

PROJECT WORK PLAN

Proposer: _____

Project Goal: _____

Project Period: _____

(1) Program Objectives	(2) Key Tasks/Activities	(3) Time Frame	(4) Nos./Levels of Staff	(5) Expected Outcomes

CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM

PROPOSED BUDGET SUMMARY

PROPOSER: _____
SERVICE TO BE PROVIDED: _____

For each item below, summarize the amounts budgeted for the entire number of months of the proposed program. PROGRAM EXPENSES should reflect the total cost to operate a program, including any costs that may not be covered by the proposed County allocation. INCOME/REVENUE should reflect all funding sources that will be dedicated to the project to cover all program expenses. (NOTE: The proposal MUST INCLUDE a separate budget each for outpatient, day care habilitative, residential treatment services, and residential medical detoxification services, and narrative justification for each budget item. In addition, a consortium's proposal must include the summary of all these individual budgets covering the costs for the provision of all the required services. See Section VIII.B.5, Paragraph c of the RFP narrative for further details.)

ITEM	Estimate for 07/10/11 - 06/30/12	Estimate for 07/10/12 - 06/30/13	Estimate for 07/10/13 - 06/30/14	Total for 07/01/11 - 06/30/14
PROGRAM EXPENSES				
Salaries and Employee Benefits			\$	-
Facility Rent/Lease			\$	-
Equipment and/or Other Assets Leases			\$	-
Services and Supplies			\$	-
Administrative Overhead			\$	-
TOTAL PROGRAM EXPENSES	\$	\$	\$	\$

CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CaiWORKS)
SUBSTANCE ABUSE TREATMENT PROGRAM

PROPOSED BUDGET SUMMARY

PROPOSER: _____

SERVICE TO BE PROVIDED: _____

For each item below, summarize the amounts budgeted for the entire number of months of the proposed program. PROGRAM EXPENSES should reflect the total cost to operate a program, including any costs that may not be covered by the proposed County allocation. INCOME/REVENUE should reflect all funding sources that will be dedicated to the project to cover all program expenses. (NOTE: The proposal MUST INCLUDE a separate budget each for outpatient, day care habilitative, residential treatment services, and residential medical detoxification services, and narrative justification for each budget item. In addition, a consortium's proposal must include the summary of all these individual budgets covering the costs for the provision of all the required services. See Section VIII.B.5, Paragraph c of the RFP narrative for further details.)

ITEM	Estimate for 07/10/11 - 06/30/12	Estimate for 07/10/12 - 06/30/13	Estimate for 07/10/13 - 06/30/14	Total for 07/01/11 - 06/30/14
INCOME/REVENUE				
Projected County Allocation				\$ -
Private Funding Monies and/or Other Revenues:				
- Revenues from Day Care Habilitative Services				\$ -
- Revenues from Outpatient Counseling Services				\$ -
- Revenues from Residential Medical Detoxification Services				\$ -
- Revenues from Residential Treatment Services				\$ -
- Other Revenues				\$ -
TOTAL INCOME/REVENUE	\$ -	\$ -	\$ -	\$ -

CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM

SUMMARY OF LICENSES AND CERTIFICATIONS

PROPOSER: _____

License/Certification	Issuing Agency	Issue Date	Expiration Date
Certification to provide outpatient counseling services			
Certifications of Counselors (named below):			
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Professional License(s) of Medical Director(s) and other medical staff of facility(ies):			
Name & Position Title			
1)			

CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM

SUMMARY OF LICENSES AND CERTIFICATIONS

PROPOSER: _____

License/Certification	Issuing Agency	Issue Date	Expiration Date
2)			
3)			
4)			
License to provide residential treatment services			
Certification to provide day care habilitative services			
License to provide residential medical detoxification services			

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS
(CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form and place it as the first page of your proposal. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation), State, and date of incorporation:

Name	State	Year Inc.
------	-------	-----------

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your firm is doing business under one or more DBAs, please list all DBAs and the County(ies) of registration:

<u>Name</u>	<u>County of Registration</u>	<u>Year became DBA</u>

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____ Yes ____ No

If yes, please provide the following information:

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Please list any other names your firm has done business as, within the last five (5) years.

<u>Name</u>	<u>Year of Name Change</u>

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, indicate so below.

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS
(CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Proposer's Name: _____

Address: _____

E-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of: _____ (Proposer's name)

I, _____ (Name of Proposer's authorized Representative), certify that the information contained in this Proposer's Organization Questionnaire/ Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

California Business License Number

Date

County WebVen Number

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

PROSPECTIVE CONTRACTOR'S REFERENCES

Proposer's Name: _____

List Five (5) References where the same or similar scope of services was provided in order to meet the Minimum Requirements stated in this RFP.

1. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.

**CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

PROSPECTIVE CONTRACTOR'S LIST OF CONTRACTS

Contractor's Name: _____

List of all public entities for which the Contractor has provided service within the last three (3) years. Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.

**CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

PROSPECTIVE CONTRACTOR'S LIST OF TERMINATED CONTRACTS

Contractor's Name: _____

List of all contracts that have been terminated within the past three (3) years.

1. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No. Reason for Termination:				
2. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No. Reason for Termination:				
3. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No. Reason for Termination:				
4. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No. Reason for Termination:				
5. Name of Firm	Address of Firm	Contact Person	Telephone # () ()	Fax # () ()
Name or Contract No. Reason for Termination:				

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Proposer Name

Proposer Official Title

Official's Signature

ATTACHMENT 8F

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS
SUBSTANCE ABUSE TREATMENT PROGRAM**

**FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE
CERTIFICATE**

The Proposer certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Proposer organization have and will comply with it during the proposal process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature: _____

Date: _____

CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs) SUBSTANCE ABUSE TREATMENT PROGRAM

Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information Form

INSTRUCTIONS: All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: _____
COUNTY VENDOR NUMBER: _____

- ☐ As a Local SBE, certified by the County of Los Angeles Office of Affirmative Action Compliance, I request this proposal/bid be considered for the Local SBE Preference.
- ☐ Attached is my Local SBE Certification letter issued by the County

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify) _____						
Total Number of Employees (including owners): _____						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: *If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Print Authorized Name	Authorized Signature	Title	Date

CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)

SUBSTANCE ABUSE TREATMENT PROGRAM

PROPOSER'S EEO CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number**GENERAL**

In accordance with provisions of the County Code of the County of Los Angeles, the Proposer certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CERTIFICATION**YES****NO**

- | | | |
|---|---------|---------|
| 1. Proposer has written policy statement prohibiting discrimination in all phases of employment. | () | () |
| 2. Proposer periodically conducts a self-analysis or utilization analysis of its work force. | () | () |
| 3. Proposer has a system for determining if its employment practices are discriminatory against protected groups. | () | () |
| 4. When problem areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goal and/or timetables. | () | () |

Signature

Date

Name and Title of Signer (Please print)

CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)

SUBSTANCE ABUSE TREATMENT PROGRAM

ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

Proposers unable to meet this requirement shall not be considered for contract award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

_____ YES (subject to verification by County) _____ NO

B. Proposer is willing to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.

_____ YES _____ NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

_____ YES _____ NO _____ N/A (Program not available)

Proposer Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Tel. #: _____ Fax #: _____

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

**COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION**

The County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the proposer is excepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For CalWORKs Substance Abuse Treatment Services:		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- ☐ My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- ☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- ☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- ☐ My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

PRICING SHEET

<u>Modality</u>	<u>General Population</u>	<u>Co-Occurring/ Dual Diagnosis</u>
Day Care Habilitative Services	\$ _____ per slot per day	\$ _____ per slot per day
Outpatient Counseling Services	\$ _____ per slot per day	\$ _____ per slot per day
Residential Medical Detoxification Services	\$ _____ per bed per day	\$ _____ per bed per day
Residential Treatment Services	\$ _____ per bed per day	\$ _____ per bed per day

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS
(CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

**CERTIFICATION OF INDEPENDENT PRICE DETERMINATION
AND ACKNOWLEDGEMENT OF RFP RESTRICTIONS**

- A. By submission of this Proposal, Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.
- B. List all names and telephone number of person legally authorized to commit the Proposer.

NAME

PHONE NUMBER

_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Persons signing on behalf of the Contractor will be required to warrant that they are authorized to bind the Contractor.

- C. List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".

- D. Proposer acknowledges that it has not participated as a consultant in the development, preparation, or selection process associated with this RFP. Proposer understands that if it is determined by the County that the Proposer did participate as a consultant in this RFP process, the County shall reject this proposal.

 Name of Firm

 Print Name of Signer

 Title

 Signature

 Date

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

- ☐ Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

- ☐ Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature

Date

Name and Title of Signer (please print)

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE PROGRAM**

TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION

COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP CODE:

I hereby certify that I meet all the requirements for this program:

- ☐ My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for 3 years (*attach IRS Determination Letter*);
- ☐ I have submitted my three most recent annual tax returns with my application;
- ☐ I have been in operation for at least one year providing transitional job and related supportive services to program participants; and
- ☐ I have submitted a profile of our program; including a description of its components designed to help the program participants, number of past program participants and any other information requested by the contracting department.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REVIEWED BY COUNTY:

SIGNATURE OF REVIEWER	APPROVED	DISAPPROVED	DATE

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

**CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For _____ Services:		

The Proposer/Bidder/Contractor certifies that:

- ☐ It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

- ☐ I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

Date: _____

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

**FEDERALLY FUNDED HEALTH CARE PROGRAM AFFIDAVIT
(No Exclusionary Action)***

Proposer hereby certifies that neither Proposer (name as shown on bid or proposal) nor any of its staff members are currently barred from participating in a federally funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

Signature of Authorized Representative
of Proposing Entity

Date

Name in Print

Position Title

If Proposer cannot execute this form because the Proposer or one (1) or more of its staff members or consortium member agency(ies) is(are) barred from participating in a Federally funded health care program, Proposer shall submit a signed and dated statement, also labeled "Attachment 8P" reflecting all of the details of such debarment action.

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO
KIDS (CALWORKS)
SUBSTANCE ABUSE TREATMENT PROGRAM**

ACCEPTANCE OF TERMS AND CONDITIONS AFFIRMATION

Proposer _____ hereby affirms that it understands and

(Proposer's Legal Entity Name)

agrees that a submission of a bid response/ proposal to this Request for Proposals (RFP) constitutes acknowledgement and acceptance of, and a willingness to comply with all the terms and conditions and criteria contained in the referenced RFP and any addenda thereto.

Signature of Authorized Representative of Proposer

Date

Name & Position Title

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996
ACKNOWLEDGEMENT AND STATEMENT OF COMPLIANCE**

The undersigned individual is the owner or authorized agent (Agent) of the business entity or organization ("Agency") identified below and makes the following statements on behalf of his or her Agency.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

The Agency acknowledges the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations. The Agency understands and agrees that as a provider of medical treatment services, it is a "covered entity" under HIPAA and, as such, has obligations with respect to the confidentiality, privacy and security of patients' medical information and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of its staff and the establishment of proper procedures for the release of such information, and the use of appropriate consents and authorizations specified under HIPAA.

The Agency understands and agrees that it is separately and independently responsible for compliance with HIPAA in all areas and that County has not undertaken any responsibility for compliance on Agency's behalf. Agency has not relied, and will not in any way rely, on County for legal advice or other representations with respect to Agency's obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

The Agency and County understand and agree that each is independently responsible for HIPAA compliance and agree to take all necessary and reasonable actions to comply with the requirements of the HIPAA law and implementing regulations related to transactions and code set, privacy, and security. Each party further agrees to indemnify and hold harmless the other party (including their officers, employees, and agents), for its failure to comply with HIPAA.

Certification of Compliance

The Agency is in full compliance with HIPAA regulations. Owner's/ Agent's Authorized Signature:	Print Name and Title:
Print Name of Agency:	Date:

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

IDENTIFICATION OF PERSON WRITING PROPOSAL

Proposer's Name

Proposer's Business Address

Name of Person Writing Proposal

Writer's Business Address

Signature of Authorized Representative of
Proposing Entity

Date

Print Name

Date

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

REQUIRED RFP DOCUMENTATION CHECKLIST

NAME OF PROPOSER: _____

This form is provided as a guide to facilitate the preparation of the proposal. Proposer shall assume responsibility for all documentation required by the RFP.

**INCLUDED/
DONE? (✓)**

DOCUMENTATION

GENERAL FORMAT REQUIREMENTS

- ☐ Machine printed in black type of at least 10 pt Times New Roman
- ☐ Double-spaced, with at least 1 inch for top, bottom, left, right margins
- ☐ Single sided on 8½" x 11" standard size white bond (or similar color and texture) paper
- ☐ Organized by paragraph sections, alphabetized and titled sections, with each section separated by dividers which have labeled, extended tabs
- ☐ Pages numbered sequentially from beginning to end of proposal
- ☐ One original, nine (9) hard copies of proposal in separate, individual three-ring binders with a maximum binder size of 4 inches.
- ☐ One PDF copy of proposal in CD/DVD
- ☐ All hard copies (including original) and CD/DVD are clearly labeled with the RFP Title, "COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH REQUEST FOR PROPOSALS FOR CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS SUBSTANCE ABUSE TREATMENT PROGRAM"
- ☐ All hard copies including original, to be identified as "TRADE SECRETS", "CONFIDENTIAL" or "PROPRIETARY".
- ☐ **Cover Letter**, maximum of two pages, that includes:
 - Full legal agency name and DBA, address, telephone and fax numbers
 - Service Planning Areas (SPAs) where proposer's headquarters will be located
 - Location, SPAs, and Supervisorial Districts (SDs) where each of the four services proposed will be provided
 - Name, telephone number and fax number of the proposer's contact person for this RFP
 - Signature of the proposer's Executive Director, Chief Executive Officer, or other authorized designee in blue ink
 - Addressed to Mr. Gary Izumi at SAPC

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

**INCLUDED/
DONE? (✓)**

DOCUMENTATION

- ☐ **Proposal Face Sheet**, using Attachment 2 as sample format to follow.
- ☐ **Table of Contents** that includes a detailed and complete outline of material included in the proposal, identified by section, alphabetized paragraphs, and continuous page numbering from beginning to end.

SECTION 1 MINIMUM MANDATORY REQUIREMENTS TO PARTICIPATE

- ☐ Form: Minimum Mandatory Requirements to Participate
- ☐ Form: Certification of No Conflict of Interest
- ☐ Form: Certification of Compliance: Defaulted Property Tax Reduction
- ☐ Form: HIPAA Certification Form – Acknowledgment of Statement of Compliance
- ☐ Form: Proposer's Indemnification and Insurance

SECTION 2 PROPOSER'S CAPABILITIES

a. Proposer's Capabilities

- ☐ Narrative: Need Statement
- ☐ Narrative: Treatment/Recovery Service Site Location
- ☐ Narrative: Proposer's Expertise with Alcohol and Drug Treatment and Recovery Services
- ☐ Narrative: Proposer's Experience with CalWORKs WtW Participants
- ☐ Narrative: Proposer's Expertise with Target Populations
- ☐ Document(s): MOUs, Letters of Agreement, Letters of Support, etc.

b. Program Design

- ☐ Narrative: Program Objectives and Activities for Consortium
- ☐ Narrative: Projected Total Number of Participants
- ☐ Narrative: Appropriateness of Services Provided
- ☐ Narrative: Staffing
- ☐ Document(s): Organizational Chart(s) showing staffing setup
- ☐ Narrative: Evaluation Design
- ☐ Form: Project Work Plan

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

**INCLUDED/
DONE? (✓)**

DOCUMENTATION

- ☐ Narrative: Agency Linkages
- ☐ Document(s): Proof of Agency Linkages (e.g., MOUs, Letters of Support, subcontracts)

c. Proposed Budget

- ☐ Form: Proposed Summary Budget (one set per type of service)
- ☐ Form: Pricing Sheet
- ☐ Narrative: Budget Narrative (one per budget summary submitted)

SECTION 3 FORM OF BUSINESS ORGANIZATION AND FINANCIAL INFORMATION

a. Form of Business Organization (one per agency)

- ☐ Narrative: Business organization of each service provider
- ☐ Form: Proposer's Organizational Questionnaire/ Affidavit (one per agency)
- ☐ Document(s): Articles of Incorporation and amendments
- ☐ Document(s): Detailed Statement on legal status (totally or substantially owned by another business organization)
- ☐ Document(s): Board minutes on authority of representative
- ☐ Document(s): Tax Exempt status letter, e.g., 501 (c)(3), or tax status per agency where appropriate

b. Financial Status (one per agency)

- ☐ Document(s): Fiscal Year 2008-09 Audited Statement of Assets and Liabilities and Net Worth
- ☐ Document(s): FY 2009-10 Balance Sheet or Statement of Financial Position
- ☐ Document(s): FY 2009-10 Profit and Loss Statement or Statement of Income
- ☐ Document(s): FY 2006-09 Statement of Cash Flow
- ☐ Document(s): Declaration of Current Good Standing with Federal, State, County, City and other contracts

SECTION 4 PENDING LITIGATIONS AND JUDGMENTS

- ☐ Document(s): Signed and dated Declaration on Pending Litigations and Judgments for past five (5) years

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

**INCLUDED/
DONE? (✓)**

DOCUMENTATION

SECTION 5 STATEMENT OF WORK

- ☐ Narrative: Statement of Work to include description of approach to executing primary work responsibilities per service, and description of client tracking and documentation system

SECTION 6 FACILITY BUSINESS LICENSES AND CERTIFICATIONS

- ☐ Form: Summary of Licenses and Certifications
- ☐ Document(s): Copies of licenses and certifications

SECTION 7 REQUIRED FORMS

- ☐ Form: Familiarity with County Lobbyist Ordinance Certificate
- ☐ Form: Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information (if appropriate)
- ☐ Form: Proposer's EEO Certification
- ☐ Form: Attestation of Willingness to Consider GAIN/GROW Participants
- ☐ Form: County of LA Contractor Employee Jury Service Program Certification and Application for Exception
- ☐ Form: Charitable Contributions Certification

SECTION 8 ACCEPTANCE OF TERMS AND CONDITIONS

- ☐ Form: Acceptance of Terms and Conditions Affirmation

SECTION 9 CONTRACT REFERENCES (PER AGENCY)

- ☐ Form: Prospective Contractor List of References
- ☐ Form: Prospective Contractor List of Contracts
- ☐ Form: Prospective Contractor List of Terminated Contracts

SECTION 10 ADDITIONAL INFORMATION

- ☐ Additional Information

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

**INCLUDED/
DONE? (✓)**

DOCUMENTATION

SECTION 11 IDENTIFICATION OF PERSON WRITING PROPOSAL

☐ Form: Identification of Person Writing Proposal

A proposal is incomplete unless all of the required documentation is included and all of the general format requirements are met. Proposers shall submit one ORIGINAL proposal, nine (9) hard copies and one PDF copy of the proposal on CD or DVD, all contained in boxes. Hard copies should be in three-ring binders and both hard copies and CD/DVD should be clearly labeled. The box that contains the ORIGINAL proposal must be properly identified. ALL PROPOSALS MUST BE RECEIVED BY SAPC BY 3:00 PM, NOVEMBER 8, 2010, PACIFIC STANDARD TIME.

**CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITY TO KIDS (CalWORKs)
SUBSTANCE ABUSE TREATMENT PROGRAM**

LISTING OF CONTRACTORS DEBARRED IN LOS ANGELES COUNTY

List of Debarred Contractors in Los Angeles County may be obtained by going to the following website:

http://lacounty.info/doing_business/DebarmentList.htm

NOTES

